



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

313 North Figueroa Street, Room 808
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

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Don Knabe
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Michael D. Antonovich
Fifth District

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

December 07, 2010

#27 DECEMBER 7, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**APPROVAL TO ACCEPT A NOTICE OF AWARD FROM THE CENTERS FOR DISEASE
CONTROL AND PREVENTION FOR THE STRENGTHENING PUBLIC HEALTH
INFRASTRUCTURE FOR IMPROVED HEALTH OUTCOMES EFFECTIVE SEPTEMBER 30, 2010
THROUGH SEPTEMBER 30, 2015 AND AN APPROPRIATION ADJUSTMENT (ALL
SUPERVISORIAL DISTRICTS)
(4 VOTES)**

SUBJECT

Approval to accept a Notice of Award from the Centers for Disease Control and Prevention to strengthen the Department of Public Health's infrastructure for improved health outcomes; delegate authority to accept and execute future awards and/or amendments, hire County staff, and initiate sole source agreements; and approval of an appropriation adjustment.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of the Department of Public Health (DPH), or his designee, to accept Notice of Award (NA) Number 1U58CD001274-01 (Exhibit I), from the Centers for Disease Control and Prevention (CDC) for CD10-1011 Strengthening Public Health Infrastructure for Improved Health Outcomes for the period of September 30, 2010 through September 29, 2011, in the amount of \$1,859,950 (Component I - \$200,000 and Component II - \$1,659,950), 100 percent funded by the CDC, for the first year of a five year project period (September 30, 2010 through September 30, 2015).
2. Delegate authority to the Director of DPH, or his designee, to accept future awards and/or amendments that are consistent with the requirements of NA Number 1U58CD001274-01 that extend the term through September 30, 2015, at amounts directed by the CDC, allow for the rollover

of unspent funds and/or redirection of funds, adjust the term of the award, and/or provide an increase or decrease in funding up to 25 percent above or below each grant term's annual base amount, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).

3. Delegate authority to the Director of DPH, or his designee, to execute sole source agreements with the City of Long Beach and the City of Pasadena Public Health Departments for the development of community health improvement plans and coordination of cross-cutting policy agenda issues, at amounts as authorized by CDC and approved by DPH, effective upon execution by the parties through September 29, 2015, subject to availability of funds, review and approval by County Counsel and the CEO, and notification to your Board.

4. Delegate authority to the Director of DPH, or his designee, to amend the sole source agreements that allow for the rollover of unspent funds and/or redirection of funds, adjust the term of the contract, and/or provide an increase or decrease in funding up to 25 percent above or below each contractual term's annual base amount, subject to review and approval by County Counsel, and notification to your Board and the CEO.

5. Delegate authority to the Director of DPH, or his designee, to purchase food and/or refreshments in excess of the amount identified for food purchases in the County Code Section 5.40.097, Incidental Expenses, for meetings/conferences with community partners hosted by DPH, as allowable by the grant, subject to review and approval by County Counsel and notification to your Board and the CEO.

6. Approve the attached appropriation adjustment (Exhibit II) in the amount of \$489,000 (comprised of \$122,000 for salaries and employee benefits [S&EB] and \$367,000 for services and supplies [S&S]) for additional spending authority for the initial year under NA Number 1U58CD001274-01 to support the Strengthening Public Health Infrastructure for Improved Health Outcomes.

7. Authorize DPH to hire ten (10) new full-time equivalent positions: two Senior Staff Analysts, four Staff Analysts, one Assistant Staff Analyst, one Senior Health Educator, one Health Care Financial Analyst, and one Senior Typist Clerk, in excess of what is provided in DPH's staffing ordinance, pursuant to Section 6.06.020 of the County Code, as allocated by the CEO.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will permit DPH to execute an integrated set of activities to strengthen DPH's infrastructure and enhance public health service delivery to meet increasing health needs with a shrinking budget and workforce.

Approval of the proposed actions will also allow DPH to enter into agreements with the City of Long Beach and the City of Pasadena as requested by the CDC to seek cross-jurisdictional collaboration with other health departments in Los Angeles County (County). Inclusion of these two cities with their own public health departments completes outreach efforts to all citizens of the County, regardless of where they reside or work. This collaboration will allow sharing of approaches in assessing health, selecting priority health issues, training workers, and developing health policies that will ultimately improve the health of all citizens within the County. To make this possible, DPH will hold community meetings in multiple geographic areas and engage a wide variety of stakeholders. Refreshments will be provided at local meetings to increase participation and receive

valuable input from a wide range of community members. DPH may also utilize the temporary personnel master agreements approved by your Board on October 19, 2010, pending the allocation and filling of the requested items.

The 10 new County positions will be responsible for strengthening existing infrastructure by developing an online data collection and reporting system for measuring Department performance; conducting economic analyses, quantitative decision-modeling, and health impact assessments to inform policy development activities; conducting assessments and evaluations regarding high-profile policy issues to inform decision-making; completing community health assessments and improvement plans; training the public health workforce to engage with communities, support healthy public policy development, and participate in quality improvement (QI) activities; and increasing engagement with the medical community to increase utilization of the most cost-effective clinical preventive services that will ultimately improve health outcomes in the County.

Passage of the Affordable Care Act on March 23, 2010, established the Prevention and Public Health Fund that set a precedent for the delivery of public health services in the United States. The Act's emphasis on core public health infrastructure, core capabilities, and public health systems transformation will provide a foundation for public health jurisdictions to implement strategies to improve population health and control the rate of healthcare costs.

The goals of this program are to:

- 1) Implement a department-wide approach to continuous performance improvement in all DPH divisions and programs through measurement of performance using quantitative methods and application of QI tools to identify and actively test solutions;
- 2) Develop infrastructure to sustain on-going community health assessments and the development of community health improvement plans that serve as a foundation for strategic planning as well as program planning;
- 3) Increase the policy skills of the public health workforce;
- 4) Engage external stakeholders (e.g., elected officials and other governmental entities) and provide legislative analysis and quantitative policy analysis to ensure consideration of health impacts in all policy; and
- 5) Increase the use of cost-effective, high-impact clinical preventive services by residents in the County.

Implementation of Strategic Plan Goals

The recommended actions support Goal 1, Operational Effectiveness, and Goal 4, Health and Mental Health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Approval of the recommended actions will allow DPH to accept CDC NA 1U58CD001274-01 for the period of September 30, 2010 through September 29, 2011, in the annual amount of \$1,859,950 (Component I - \$200,000 and Component II - \$1,659,950), and future awards and/or amendments through September 30, 2015.

Approval of the appropriation adjustment in the prorated amount of \$489,000 will increase DPH's fiscal year (FY) 2010-11 S&EB (\$122,000) and S&S (\$367,000) appropriation to support Strengthening Public Health Infrastructure for Improved Health Outcomes.

Additional funding for the Strengthening Public Health Infrastructure for Improved Health Outcomes will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On July 8, 2010, the CDC released a Request for Application (RFA) for the program “Strengthening Public Health Infrastructure for Improved Health Outcomes” which consists of two components: Component I - Graduated Base Funding for Public Health Transformation, and Component II – Enhanced Funding for Public Health Transformation.

On August 7, 2010, DPH responded to the RFA with the submission of “Los Angeles County Provides Effective Resources for Favorable Outcomes through Robust Multijurisdictional Systems” (LAC PERFORMS):

- LAC PERFORMS - Component I is designed to support innovative changes in key areas that improve quality, effectiveness, and efficiency of the public health infrastructure that will support the delivery of public health services and programs. This project will: 1) develop a department performance management plan; 2) support 1-2 performance improvement projects annually within DPH; 3) develop and implement a web-based data collection and reporting system; 4) provide training in performance improvement methods and tools; 5) disseminate lessons learned to other counties throughout the State.
- LAC PERFORMS – Component II intends to improve public health service delivery in three areas: 1) enhancing DPH’s ability to assist communities in assessing and developing plans to improve health; 2) increasing DPH’s capacity to analyze and develop policies that will improve health for all; and 3) increasing engagement with the medical community to improve health outcomes.

The overall goal of LAC PERFORMS is to strengthen public health infrastructure within the County and its partner jurisdictions to ensure that high-priority public health goals are accomplished through the most effective and efficient means, ultimately improving the health of all residents in the County.

Attachment A is the Grant Management Statement for grants exceeding \$100,000.

County Counsel has approved Exhibit I as to form.

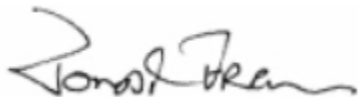
CONTRACTING PROCESS

The agreements with the City of Long Beach and the City of Pasadena Public Health Department will be processed as sole source agreements.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

This program will strengthen DPH’s infrastructure and enhance public health service delivery to meet increasing health needs with a shrinking budget and workforce.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Jonathan E. Fielding". The signature is fluid and cursive, with a large initial "J" and "F".

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JEF:ev

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

SECTION I – AWARD DATA – 1U58CD001274-01**Award Calculation (U.S. Dollars)**

Other Costs \$1,859,950

Federal Direct Costs \$1,859,950

Approved Budget \$1,859,950

Federal Share \$1,859,950

TOTAL FEDERAL AWARD AMOUNT \$1,859,950

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$1,859,950

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$1,859,950

03 \$1,859,950

04 \$1,859,950

05 \$1,859,950

Fiscal Information:

CFDA Number: 93.507

EIN: 1956000927A1

Document Number: UCD001274A

IC	CAN	2010	2011	2012	2013	2014
CD	939ZDNJ	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$1,859,950	\$1,859,950
2	\$1,859,950	\$1,859,950
3	\$1,859,950	\$1,859,950
4	\$1,859,950	\$1,859,950
5	\$1,859,950	\$1,859,950

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: / OC: 4151

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U58CD001274-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1U58CD001274-01

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

SECTION IV – CD Special Terms and Conditions – 1U58CD001274-01

Funding Opportunity Announcement Number (FOA): CD10-1011

Award Number: 1 U58/CD 001274-01

TERMS AND CONDITIONS OF THIS AWARD

Note 1. INCORPORATION. This program is authorized under sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) for expanded and sustained national investment in prevention and public health programs. Funding Opportunity Announcement Number CD10-1011 entitled, Strengthening Public Health Infrastructure for Improved Outcomes, as amended is made a part of this award by reference, along with the application dated August 9, 2010.

Note 2.a. RESPONSE TO THE SUMMARY STATEMENT COMPONENT II. Attached to this Notice of Award is a Summary Statement of the application. A response to the Recommendations and Weaknesses within the Summary Statement must be submitted to the Grants Management Specialist no later than October 30, 2010. Failure to respond to could result in enforcement actions, including withholding of funds or termination.

Note 2.b. RESPONSE TO TECHNICAL REVIEW ? COMPONENT I: Attached to this Notice of Award is a Technical Review of the application. A response to the Recommendations and Weaknesses within the Technical Review must be submitted to the Grants Management Specialist no later than October 30, 2010. Failure to respond to could result in enforcement actions, including withholding of funds or termination.

Note 3. APPROVED FUNDING. Funding in the amount of \$200,000 for Component I and \$1,659,950 for Component II (if applicable) are approved for the Year 01 budget period, which is September 30, 2010, through September 29, 2011. All funding for future years is based on satisfactory programmatic progress and subject to the availability of funds.

Note 3.a. RESTRICTED FUNDS. Total approved funding in the amount of \$1,859,950 has been placed in the "Other" budget category. These funds are restricted pending budget discussions that will take place from October 4 through 8, 2010 between the grantee organization and CDC staff.

Note 3.b. REVISED BUDGET. The grantee is required to submit revised budgets due 30 days after the budget discussion date. The revised budgets should be submitted to the PGO Grants Management Specialist indicated on your Notice of Grant Award.

Note 4. INDIRECT COSTS. Indirect costs are approved based on the Los Angeles County Department of Public Health Cost Allocation Plan dated May 18, 2010 and calculates indirect costs at a rate of 47.96% of salaries and wages.

Note 5. REPORTING REQUIREMENTS.

a.) Annual Financial Status Report (FSR, SF 269 or SF 269A), The FSR for this budget period is due to the Grants Management Specialist by December 30, 2011. Reporting timeframe is September 30, 2010 through September 29, 2011. The FSR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FSR is not finalized by the due date, an interim FSR must be submitted, marked not final, and an amount of unliquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be

downloaded into Adobe Acrobat and completed on-line by visiting, <http://www.whitehouse.gov/omb/grants/sf269a.pdf> (short form) or <http://www.whitehouse.gov/omb/grants/sf269.pdf> (long form).

Failure to submit the required information in a timely manner may adversely effect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Officer will receive the information.

ANNUAL PROGRESS REPORTING. Annual progress reports are a requirement of this program, due 90 days following the end of each budget period.

i. The Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is September 30, 2010 through March 31, 2011. A due date and specific IPR guidance will be provided at a later date.

ii. The Annual Progress Report (APR) will be due 90 days after the end of the budget period, December 30, 2010. APR programmatic guidance will be provided at a later date. Reporting timeframe is September 30, 2010 through September 29, 2011.

Note 6. CORRESPONDENCE. ALL correspondence (including emails and faxes) regarding this award must be dated and, identified with the AWARD NUMBER.

Note 7. PRIOR APPROVAL. All requests, that require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request. Refer to the HHS Grants Policy Statement, <http://www.hhs.gov/grantsnet/adminis/gpd/>

Note 8. INVENTIONS. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 9. PUBLICATIONS. Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as,

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 10. CONFERENCE DISCLAIMER AND USE OF LOGOS.

Disclaimer. Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites,

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a

complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 11. EQUIPMENT AND PRODUCTS. To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

- i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>
- ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments.
http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

Note 12. TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to
http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

Note 13. ACKNOWLEDGMENT OF FEDERAL SUPPORT. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 14. PAYMENT INFORMATION:

Automatic Drawdown:

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management, Program Support Center, administers PMS, HHS administers PMS. PMS will forward instructions for obtaining payments.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Fax Numbers:
University and Non-Profit Payment Branch (301) 443-2672
Governmental and Tribal Payment Branch (301) 443-2569
Cross Servicing Payment Branch: (301) 443-0377
General Fax: (301) 443-8362

Email PMSSupport@psc.gov Website:
http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management
FMS/PSC/HHS
Rockwall Building #1, Suite 700
11400 Rockville Pike
Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Note 15. CERTIFICATION STATEMENT: By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations, and the President's Budget and Congressional intent.

Note 16. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

Note 17. CDC CONTACT NAMES

Business and Grants Policy Contact
Pamela Y. Baker, Grants Management Specialist
Centers for Disease Control, PGO, Branch VI
2920 Brandywine Road, Mail Stop K69
Atlanta, GA 30341-4146
Telephone: (770) 488-2689
Fax: (770) 488-2670
Email: fxz7@cdc.gov

Programmatic and Technical Contact
Bobbie Erlwein, Project Officer
CDC Senior Management Official
Ohio Department of Health
246 North High Street
Columbus, OH 43215
Telephone: (614) 644-9933
Fax: (614) 644-0085
bobbie.erlwein@odh.ohio.gov

STAFF CONTACTS**Grants Management Specialist:** Pamela Baker

Centers for Disease Control and Prevention

Procurement and Grants Office

Koger Center, Colgate Building

2920 Brandywine Road, Mail Stop K 69

Atlanta, GA 30341

Email: fxz7@cdc.gov **Phone:** 770.488.2689 **Fax:** 770.488.2670**Grants Management Officer:** Cheryl Pressley

Centers for Disease Control and Prevention (CDC)

Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Email: cam6@cdc.gov **Phone:** 770-488-2834 **Fax:** 770-488-2868**SPREADSHEET SUMMARY****GRANT NUMBER:** 1U58CD001274-01**INSTITUTION:** LOS ANGELES COUNTY PUBLIC HEALTH DEPT

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>
Other Costs	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950
TOTAL FEDERAL DC	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950
TOTAL FEDERAL F&A					
TOTAL COST	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950	\$1,859,950

Centers for Disease Control and Prevention

STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE FOR IMPROVED HEALTH OUTCOMES PROGRAM ANNOUNCEMENT CDC-RFA-CD10-1011

Component 1: Graduated Base Funding for Public Health Transformation

Date Reviewed: August 2010

Application Number: TBD by PGO

Applicant / Organization: Los Angeles County, CA

Funds Requested: \$2,000,000

Human Subjects Issues: No

Summary of the Project:

The Los Angeles County (LAC) Providing Effective Resources for Favorable Outcomes through Robust Multi-jurisdictional Systems (PERFORMS) project will utilize CDC support from this grant to increase the performance management capacity of Los Angeles County and its partner organizations to ensure that the health improvement goals and the strategic plan are accomplished. Focusing on the key areas of Workforce and Systems Development and Health Promotion and Disease Prevention, the project will: 1) develop a department performance management plan; 2) oversee and support a performance improvement learning collaborative; 3) develop and implement a web-based data collection and reporting system; 4) provide training in performance improvement methods and tools; 5) disseminate lessons learned to other counties throughout the state; and 6) prepare for voluntary accreditation.

The project will be led by the current Director, Performance Improvement, who will oversee most of the activities which will lead to the accomplishment of the 6 stated goals. She will be assisted on this project by a part-time senior advisor, a training advisor and a finance and grant management specialist and by a full-time staff analyst, research analyst and an administrative assistant who will each be recruited later.

Summary of Strengths:

- In order to facilitate the development and implementation of a performance management and improvement program for the LAC Department of Public Health (DPH), the LAC-PERFORMS project will launch a second Performance Improvement Learning Collaborative (PILC) to enable teams from the LAC

DPH and the collaborating LPHD's to develop the skills to apply performance management skills to their current projects, develop more "robust" data collection and reporting systems and create a culture of performance improvement throughout the department through basic, department-wide training.

- The LAC-PERFORMS project will expend considerable energy and resources in cross jurisdictional sharing and dissemination of its tools, best practices and methods. The project team will work closely with the California Conference of Local Health Officials and the Public Health Institute, through online resources, educational webinars and database linkages, to disseminate methods and tools throughout the state of California.
- The LAC-PERFORMS project ambitiously plans to address gaps in readiness and accelerate plans in Years 3 and 4 to receive voluntary accreditation in Year 5. To facilitate this readiness, LAC will utilize the results of beta testing on accreditation from San Diego County Health Department.
- There are a considerable number of strong, letters for support from many health departments and organizations in the area. They include the California State Health Officer, the Public Health Institute, the California Conference of Local Health Officers, and the Directors of the Ventura, San Bernardino, Riverside, Long Beach, Pasadena, Orange County and Kern County health departments.
- Curriculum vitas (CV) are included for all key staff members currently planned to be involved in this project: the Performance Improvement Manager/Principal Investigator, the Senior Advisor, the Training Advisor, and the Finance and Grant Management Specialist.

Summary of Weaknesses:

- As pointed out by the applicant, one of the challenges to this proposal is the vast array of jurisdictions that will participate in implementation. LAC consists of 88 municipalities, each with its own governance authority and structure, and each which operates autonomously. This diversity of jurisdictions will make county-wide implementation challenging.
- The Performance Improvement Manager, who is also the Principal Investigator on this project, is planning to spend only 50% of her time on duties related to this project. She will oversee all programmatic aspects of LAC-PERFORMS. According to the proposal she will donate 45% of the 50% time as an in-kind contribution and only charge 5% of her time to the grant. Additionally, LAC-PERFORMS will recruit 3 FTE's, a staff analyst, a research analyst and an administrative assistant, who will spend 100% of their time on the project and their total salary and fringe benefits will be charged to the grant. A small portion of 3 other staff positions will also be charged to the grant.

The budget proposal calls for supplies for 4 staff members in the amount of \$5,294 each year, for each of the five years in the project period. This amount does not include software licensing or computer, merely general office supplies. The proposal also requests \$5,000 in software licensing fees for Year 1 and 9,000 per year for each year in Years 2-5. Additionally, the proposal request travel support for 4 staff members to attend an annual conference in Atlanta at \$2,500 each. All of these requested costs appear excessive and should be reviewed. In addition total amount requested exceeds the ceiling allowed for component 1.

**Centers for Disease Control and Prevention
Office for State, Tribal, Local, and Territorial Support**

**STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE FOR IMPROVED HEALTH
OUTCOMES
PROGRAM ANNOUNCEMENT CDC-RFA-CD10-1011**

**Project 1:
Component II - Los Angeles County Provides Effective Resources for Favorable
Outcomes through Robust Multijurisdictional
Systems (LAC PERFORMS)**

Date Reviewed: August 24, 2010

Application Number: 90017092

Applicant / Organization: County of Los Angeles, Department of Public Health

Funds Requested: Federal Share: \$2,700,000/year for five years
(\$13,500,000)

Recommendation: Approve for Funding

Final Average Score: 86.36

Summary of the Project:

The Los Angeles County Dept. of Public Health requests \$2,700,000 to address three of the four infrastructure categories contained within the request for application. Specifically, their proposal requests support for performance management, policy and workforce development, and best practice implementation. The project intends to improve public health service delivery in three areas: 1) health promotion and disease prevention; 2) public health policy and public health law; and 3) workforce and systems development.

The project is titled, "Los Angeles County PERFORMS," which stands for Providing Effective Resources for Favorable Outcomes through Robust Multi-jurisdictional Systems. The overall goal of the project is to increase the performance management capacity within the Los Angeles County Dept. of Public Health and its partner jurisdictions to ensure the public health goals are effective and efficiently achieved.

The proposal includes eight overall objectives: two objectives relate to performance management, four objectives relate to policy and workforce development, and two objectives relate to best practices implementation.

The performance management project proposes to build upon existing planning efforts related to web-based training modules and cross jurisdictional training in the use of a prioritization tool that can assist in public health planning. The objectives include: 1) develop infrastructure that sustains ongoing community health assessments and the development of community health improvement plans, and 2) improve the internal resource allocation decision-making process through training and technical assistance of the prioritization tool to ensure that limited resources are used effectively and efficiently.

The policy and workforce development project includes objectives to: 1) establish a policy development and community planning office, 2) increase the policy skills of staff by providing training around policy development, policy analysis, and the legislative cycle, 3) develop a reporting and monitoring infrastructure to monitor public health policy work in Los Angeles County Dept. of Public Health programs and assist in tracking legislation, and 4) engage external stakeholders to ensure that health is considered in the development of future policies.

The focus of the best practices implementation is on infrastructure investment and capitalizing on opportunities for greater efficiency between clinical medicine and community-based approaches to health improvement. The objectives for this activity include: 1) measure and increase the utilization of clinical preventive services by residents in Los Angeles County and the other participating jurisdictions, and 2) implement a best practice for nonprofit hospitals to comply with IRS requirements to meet community health needs in partnership with public health experts.

Summary of Strengths:

The *activity plan* shows that, prior to this project, the applicant has developed the infrastructure for performance management that will clearly support work related to this proposal including the development of an Office of Quality Insurance that has expanded into a Quality Improvement Division. The applicant has addressed three of the four categories of core public health

infrastructure identified in the FOA, as well as three of the four key areas for infrastructure investments to create more efficient and effective public health service delivery. In general terms, the applicant's proposed activity plan is clear and easy to follow. In each of the three core public health infrastructure areas, the applicant describes the activities to be completed, the rationale for completion, and the gaps that currently exist. Conceptually, the applicant has developed a strategy to improve performance management, policy and workforce development, and best practices implementation that builds upon current infrastructure and expertise. The applicant has identified a plan for prioritizing public health issues and programs and also describes cross-jurisdictional activities.

in the *performance plan*, the applicant identifies quantitative measures to indicate program success. The majority of the program indicators will be measured through the new Policy Office and will have dedicated staff monitoring each of the indicators. The measures are sound and practical, and there is a clear linkage of work activities to key areas in the National Public Health Performance Standards.

Regarding the *justification for and description of the infrastructure investment*, the applicant clearly understands the public health system in their jurisdiction and surrounding communities and has developed a useful prioritization tool to specifically identify the most efficient and effective strategies for addressing public health need. The applicant's strategy to implement best practices in the clinical preventive medicine setting is likely to have a significant impact on improved health indicators and health outcomes providing the strategies implemented are truly best practices. As part of the requirement to include community expertise in the Health Care Reform Act, the applicant clearly identifies strategies within the application for outreach.

The *staffing and management plan* for this proposal is well-developed. The experience of the staff (including the requirements for those to be hired) is consistent with the proposed plan and all recruitment actions are feasible provided the intricate work that needs to be accomplished. The inclusion of a health economist/quantitative policy analyst and senior policy analyst to assist in the identification of programs that should receive the highest priority is a significant strength of this proposal. The applicant also identifies many notable staff members who have distinguished public health backgrounds.

Summary of Weaknesses/Concerns:

The applicant's *activity plan* lacks sufficient detail, as it is often difficult to determine whether the stated concepts are sound and practical. The applicant states that activities will be completed in a given year but does not describe the steps necessary to complete each task and which relationships are necessary to ensure that each task can be accomplished. The proposal also lacks detail regarding the purpose and nature of various cross-jurisdictional collaborations. A concern was also raised regarding whether the proposed activities were too ambitious, especially when considering program sustainability.

Regarding the *performance plan*, the methodology for measuring progress is described as the Medical Director convening quarterly meetings to discuss performance improvement and program indicators with staff. The methodology for measurable program indicators is not clearly described in terms of a feasible timeline. Each of the quantitative data identified as measurable program indicators should include an accompanying related timeline. For example, the number

of evidence-based policies adopted by cities or other partner organizations in various community sectors will be identified and collected on a quarterly basis.

In terms of the *justification for and description of the infrastructure investment*, the applicant has developed a proposal that is significantly dependent on data analysis for making future decisions about public health programming as well as clinical preventive services. However, given the application has placed a significant focus on data and data analysis, the applicant does not describe an existing system in the Los Angeles County Dept. of Public Health that is capable of managing all of this new data, nor does it provide any plan within this proposal to improve IT infrastructure.

Budget:

The budget for this proposal is clear and justified. The majority of the budget will be used to fund the FTEs who will be supporting the project. Although an indirect cost rate was established, the applicant did not provide a copy of the federal authorization.

Recommendation(s):

If considered for funding, the applicant should address any issues of concern noted in the Weaknesses / Concerns or Budget Sections.

The contractual obligations identified in the proposal may need to be reassessed. If the city of Long Beach and Pasadena are partners in this endeavor, the contractual levels established in the proposal seem quite low. In each of the contract descriptions, it is not specific how working with these entities will develop infrastructure or the methods that will be used to improve clinical preventive services.

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BOARD OF
SUPERVISORS
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COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF PUBLIC HEALTH

DEPT'S.
NO. 295

October 20, 2010

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2010/11

4 - VOTES

SOURCES

Public Health Programs
A01-PH-90-9031-23450
Federal Grants \$489,000
Increase Revenue

USES

Public Health Programs
A01-PH-1000-23450
Salaries & Employee Benefits \$122,000
Increase Appropriation

A01-PH-23450-2000
Services & Supplies \$367,000
Increase Appropriation

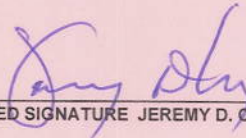
SOURCES TOTAL: \$ 489,000

USES TOTAL: \$ 489,000

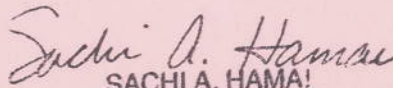
JUSTIFICATION

To request an increase in Salaries & Employee Benefits and Services & Supplies appropriation for Project titled 'Strengthening Public Health Infrastructure for Improved Health Outcomes'. Funding is provided by Department of Health and Human Services, Centers for Disease Control & Prevention for FY 2010/11. There is no impact on Net County Cost.

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES


AUTHORIZED SIGNATURE JEREMY D. CORTEZ, CHIEF FINANCIAL OFFICER

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED OR REVISED)
27 DEC 7 2010


SACHI A. HAMA
EXECUTIVE OFFICER

REFERRED TO THE CHIEF
EXECUTIVE OFFICER FOR ---

☐

ACTION

☒

RECOMMENDATION

AUDITOR-CONTROLLER

BY



B.A. NO. 059

Nov 5 20 10

☒


APPROVED AS REQUESTED

☐

APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY


Nov. 10, 20 10

SEND 6 COPIES TO THE AUDITOR-CONTROLLER

Los Angeles County Chief Executive Office
Grant Management Statement for Grants Exceeding \$100,000

Department: Public Health –

Grant Project Title and Description

STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE FOR IMPROVED HEALTH OUTCOMES

Funding Agency The Centers for Disease and Control and Prevention	Program (Fed. Grant #State Bill or Code #) NA 1U58CD001274-01	Grant Acceptance Deadline
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Total Amount of Grant Funding: \$1,859,950 (yr 1) County Match Requirements: N/A
Grant Period: 5 years Begin Date: 9/30/10 End Date: 9/30/2015
Number of Personnel Hired Under this Grant: Full Time 10 Part Time

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program? Yes ☒ No ☐

Will all personnel hired for this program be placed on temporary "N" items? Yes ☒ No ☐

Is the County obligated to continue this program after the grant expires Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services Yes ☐ No ☒

b). Identify other revenue sources Yes ☐ No ☒

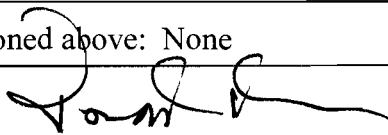
(Describe)

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant Yes ☒ No ☐

Impact of additional personnel on existing space: None.

Other requirements not mentioned above: None

Department Head Signature



Date

10-28-10